

Unannounced Care Inspection Report

13 June 2017



Clanrye

Type of Service: Residential Care Home
Address: 128 Glenarm Road, Larne, BT40 1DZ
Tel No: 028 2827 5701
Inspector: John McAuley

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 17 beds that provides care for individuals in accordance with categories of care detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Heather Leo	Registered Manager: Heather Leo
Person in charge at the time of inspection: Jennifer Moore – deputy manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia – Maximum of five residents MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years – two named residents’	Number of registered places: 17

4.0 Inspection summary

An unannounced care inspection took place on 13 June 2017 from 10:00 to 13:30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing levels, mandatory training and staff supervision and areas of the environment that had been upgraded. A new tool of assessment and care planning was being phased in was found to be comprehensive and person centred. There was also maintenance of good working relationships.

Three areas for improvement were identified during the inspection. These were in relation to risk assessments and subsequent care planning for residents who smoke, an action plan for the most recent fire safety risk assessment and a risk assessment for all free standing wardrobes.

Discussions with residents, one visiting relative and staff during this inspection were all positive in respect of the provision of care. Comments made by residents included statements such as;

- “They look after us very well”
- “The staff are lovely. No problems”
- “Everything is fine here. I am doing very well and I am keeping a lot better since coming here”
- “Absolutely no problems or complaints. I am very happy”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer Moore, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: previous inspection report, the returned qip, and accident and incident notifications.

During the inspection the inspector met with 16 residents, one visiting relative, four members of staff and the deputy manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file(s)
- Three residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 March 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 7 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 18(2) (c) Stated: First time	The registered provider must examine all bed mattresses and pillows to ensure these are fit for purpose, with subsequent appropriate actions. The mattresses and pillows in the identified rooms must be replaced.	Met
	Action taken as confirmed during the inspection: These identified mattresses and pillows have been replaced. Inspection of other mattresses and pillows found these to be fit for purpose.	

Area for improvement 2 Ref: Regulation 27(2) (b) Stated: First time	The registered provider must ensure that the ground floor corridor flooring is made good and free from uneven surfaces.	Met
	Action taken as confirmed during the inspection: The corridor flooring had been replaced.	
Area for improvement 3 Ref: Regulation 27(4) (c) Stated: First time	The registered provider must ensure that all external exits are free from obstruction at all times.	Met
	Action taken as confirmed during the inspection: All external exits were free from obstruction at the time of this inspection.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered provider should ensure that the identified bedroom receives high level dusting.	Met
	Action taken as confirmed during the inspection: This identified bedroom has received high level dusting.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of a completed staff competency and capability assessment was inspected and found to satisfactory.

The home's recruitment and selection policy and procedure complies with current legislation and best practice. Discussion with the deputy manager confirmed that no new staff have been recruited since the previous inspection and therefore staff personnel files were not inspected on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedures in place were consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

Discussion with the deputy manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The deputy manager confirmed that restrictive practices employed within the home, notably keypad entry system was appropriately assessed, documented, minimised and reviewed.

The deputy manager confirmed there were risk management policy and procedures in place. An area of improvement was identified with risk assessment and corresponding care plan(s) for residents who smoke. The existing records lacked details of assessment and subsequent actions. Advice was given to implement a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed

that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with areas benefitting from a programme of redecoration. Residents' bedrooms had a dated appearance but were fit for purpose. The bedrooms were found to be personalised with photographs, memorabilia and personal items. A nicely appointed courtyard was accessible for residents to avail of.

Inspection of the internal environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. An area of improvement was identified with two wardrobes whose attachment to the wall had broken and posed a risk if a resident were to pull on this in the event of a fall. All individual wardrobes need to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action. There were no other obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 11 April 2017. There were 14 recommendations made from this assessment. An area of improvement was identified in that, there was corresponding evidence recorded that some of these recommendations had been actioned whilst others lacked detail of being addressed. An action plan with timescales needs to be submitted to the home's aligned estates inspector detailing the actions taken in response to these 14 recommendations.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to staffing levels, mandatory training and staff supervision and areas of the environment that had been upgraded.

Areas for improvement

Three areas for improvement were identified during the inspection. These were in relation to risk assessments and subsequent care planning for residents who smoke, an action plan for the most recent fire safety risk assessment and a risk assessment for all free standing wardrobes.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of a sample of three residents' care records was undertaken. These were confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred. The deputy manager had also introduced a new tool of assessment and care planning which was found to be comprehensive and person centred. This tool was being phased in with other residents' care records.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evident from their knowledge of residents' individual needs and prescribed care.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, accidents and incidents, and the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of a sample of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. An example of this was detailed at the time of this inspection.

Areas of good practice

There was an example of good practice found during this inspection in relation to the introduction a new tool of assessment and care planning which was found to be comprehensive and person centred. This tool was being phased in with other residents' care records.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector met 16 residents at the time of this inspection. In accordance with their capabilities, all confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- “They look after us very well”
- “The staff are lovely. No problems”
- “Everything is fine here. I am doing very well and I am keeping a lot better since coming here”
- “Absolutely no problems or complaints. I am very happy”

Residents appeared comfortable and at ease with staff and there was a nice rapport of interaction observed. The inspector met with one visiting relative who spoke in complimentary terms about the provision of care and the support received from staff.

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, in that care plans were in place for the management of pain, trigger factors and prescribed care. Issues of assessed need in the progress records, such as pain had a recorded statement of care given with effect(s) of same.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The deputy manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected. This was evident in how

staff interacted and when sharing of sensitive information was done with discretion and privacy to all.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observation of care practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings, residents' meetings and day to day contact with management.

Discussion with staff, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents in the home were relaxing or enjoying the company of one another or watching television. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to feedback from residents, one visiting relative, staff and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The deputy manager confirmed that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and displayed information on how to complain. Discussion with the deputy manager confirmed that she was knowledgeable about how to receive and deal with complaints.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents

and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Discussion with the deputy manager identified that she had good understanding of her roles and responsibilities under the legislation and standards. The deputy also reported that she has completed the QCF Level 5 qualification.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed. The employer's liability insurance certificate was ready to be displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns and that they would be appropriately supported.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas of good practice

There was an example of good practice found throughout this inspection in relation to the maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Moore, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1
Ref: Regulation 14(2) (c)
Stated: First time

The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.

To be completed by: 13 July 2017

Ref: 6.4

Response by registered person detailing the actions taken:

Complete & ongoing.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1
Ref: Standard 28.5

The registered person shall individually risk assess all wardrobes in accordance with current safety guidelines with subsequent appropriate action.

Stated: First time

Ref: 6.4

To be completed by: 13 July 2017

Response by registered person detailing the actions taken:

Complete

Area for improvement 2
Ref: Standard 29.1

The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing the actions taken in response to these 14 recommendations made from the fire safety risk assessment dated 11 April 2017.

Stated: First time

Ref: 6.4

To be completed by: 13 July 2017

Response by registered person detailing the actions taken:

Complete

****Please ensure this document is completed in full and returned to RQIA's Office****



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews